

7. Are you making an application as an out-of-state provider? ☐Yes ☐No

If you answered yes to the above question 8 list the state or states that you are a provider for _____

8. Are you conducting Electrical Code classes now? ☐Yes ☐No

9. List all instructors (agents) who will be under your Provider-ship and will be conducting 15-hours MCE seminars

Name	Phone numbers	Class/ type- license No.

10. List all entities (agents) under your Provider-ship who will be sponsoring 15-hours MCE seminars

Name	Address	Telephone Number

11. Credit References, list (3)

Name	Address	Telephone Number

12. Instructor Experience: School / Provider history

Name	Phone Numbers	Number of years/months

13. Education: School / courses history

Name	Phone number of contact person	Number of years/months

14. Employment: History

Name	Phone number of contact person	Number of years/months

15. To furnish additional or to update or amend this information relating to your application download this form from our website: www.ma.gov/dpl/boards/el.htm

15. The Provider on this application agrees to the following: to submit to the Board for Board review and approval a resume, a course curriculum and; to obtain and submit a Surety bond, for the sum of (\$10,000), payable to the Board of State Examiners of Electricians. Initials:_____

16. The Provider on this application agrees to hereby signs this application under the pains and penalties of perjury, that the statements contained herein are true to the best of his or her knowledge.

Provider's Signature _____

Date _____